

PART B - FEE(S) TRANSMITTAL

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DEC 22 2006

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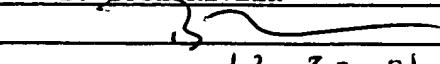
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35690 7590 09/20/2006

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
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 AUSTIN, TX 78701

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| | |
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| B. Noel Kivlin | (Depositor's name) |
|  | (Signature) |
| 12-20-06 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/696,379 10/29/2003 Eric J. Gould 6057-06301 6797

TITLE OF INVENTION: USER INTERFACE FOR SIMULTANEOUS MANAGEMENT OF OWNED AND UNOWNED INVENTORY
 12/27/2006 SSANDAKI 00000003 501505 10696379

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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional YES \$700 \$0 \$0 \$700 12/20/2006

| | | |
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| EXAMINER | ART UNIT | CLASS-SUBCLASS |
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DONELS, JEFFREY 2837 084-615000

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|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Blue Dolphin Solutions LLC

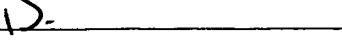
(B) RESIDENCE: (CITY and STATE OR COUNTRY) Las Vegas, NV

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|---|--|
| 4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____ | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501505/6057-06301 |
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| 5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input checked="" type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
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Authorized Signature 

Date 12-20-06

Typed or printed name B. Noel Kivlin

Registration No. 33,929

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